

KANSAS GOVERNMENTAL ETHICS COMMISSION

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

January 10, 2017

FILE WITH SECRETARY OF STATE
SEE REVERSE SIDE FOR INSTRUCTIONS

RECEIVED

JAN 09 2017

KS Governmental Ethics Commission

A. Name of Committee: Kansas Independent Pharmacy PAC

Address: 3512 SW Fairlawn Rd, Ste 300

City and Zip Code: Topeka, KS 66614

This is a (check one): ☐ Party Committee ☒ Political Committee

B. Check **only** if appropriate: ☐ Amended Filing ☐ Termination Report

C. Summary (covering the period from October 28, 2016 through December 31, 2016)

1. Cash on hand at beginning of period	<u>\$17,895.40</u>
2. Total Contributions and Other Receipts (Use Schedule A)	<u>\$500.00</u>
3. Cash available this period (Add Lines 1 and 2)	<u>\$18,395.40</u>
4. Total Expenditures and Other Disbursements (Use Schedule C)	<u>\$145.66</u>
5. Cash on hand at close of period (Subtract Line 4 from 3)	<u>\$18,249.74</u>
6. In-Kind Contributions (Use Schedule B)	<u>\$0.00</u>
7. Other Transactions (Use Schedule D)	<u>\$0.00</u>

D. "I declare that this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

Date

Signature of Treasurer

SCHEDULE A
CONTRIBUTIONS AND OTHER RECEIPTS

Kansas Independent Pharmacy PAC

(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	E funds Other	
11/03/17	Oakley Healthmart 103 Center Ave Oakley, KS 67748	Pharmacy		✓			\$500.00
Subtotal This Page							\$500.00

Complete if last page of Schedule A

Total Itemized Receipts for Period	\$500.00
Total Unitemized Contributions (\$50 or less)	\$0.00
Sale of Political Materials (Unitemized)	\$0.00
Total Contributions When Contributor Not Known	\$0.00
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	\$500.00

SCHEDULE B
IN-KIND (Non-Monetary) CONTRIBUTIONS

Kansas Independent Pharmacy PAC
(Name of Party Committee or Political Committee)

Date	Name and Address of Contributor	List Occupation for Those Giving an In-Kind of More Than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
Subtotal This Page				\$0.00

Complete if last page of Schedule B

Total Itemized (over \$100) In-Kind Contributions	\$0.00
Total Unitemized (\$100 or less) In-Kind Contributions	\$0.00
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	\$0.00

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

Kansas Independent Pharmacy PAC

(Name of Party Committee or Political Committee)

Date	Name and Address To Whom Expenditure is Made	Purpose of Expenditure	Amount
		If independent or in-kind expenditure in excess of \$300 is made for a candidate, list candidate name & address	
12/31/16	KPSC 3512 SW Fairlawn Rd, Ste 300 Topeka, KS 66614	Postage for 10/28/16-12/31/16	\$0.47
12/31/16	US Bank PO Box 1800 St Paul, MN 55101	Credit card fees for 10/28/16-12/31/16	\$145.19
Subtotal This Page			\$145.66

Complete if last page of Schedule C

Total Itemized Expenditures This Period	\$145.66
Total Unitemized Expenditures of \$50 or less	\$0.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	\$145.66

**SCHEDULE D
OTHER TRANSACTIONS**

Kansas Independent Pharmacy PAC

(Name of Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
Subtotal This Page			\$0.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	\$0.00
-------------------------------------------------	--------